Supplemental Application Data Sheet				Attorney Docket Number:			1259-0015				
			App			lication Number:		09/731,572			
Title of Inver	ntion	СОР	YRIGHT PRO	OTECT	ION O	F DIGITAL IMAGES TR	ANSMI	•		VORKS	
Applicant In	formation:										
Applicant 1											_
Applicant Authority:		Х	Inventor Legal		Representative		Party of Interest				
Given Name Daniel			Middle Name		Family Name Schreiber						
Residence Information:			US Resident X		Non US Resident		Active US Military Service]	
City:	Beit Shemesh		State/Prov					Residency		Israel	ı
	inder 37 CFR 1.41	(b)	1	Israe	 el			,	,	1	
	dress of Applicant										
Address 1			himon Stre	et							
Address 2											
City:	Beit Shemesh					State/Province:					
Postal Code:		9954	1 3			Country:	Israe	<u> </u>			
						,					
Applicant 2											
Applicant Au	ıthority:	Х	Inventor		Legal	Representative		Party of	Interest		
Given Name			Middle Na	me		Family Name		, <u> </u>			_
Andrew						Goldman					
Residence Ir	formation:		US Resider	nt	Х	Non US Resident		Active U	JS Militar	y Service	
City:	Beit Shemesh		State/Prov	ince:				Residency		Israel	1
	inder 37 CFR 1.41	(b)		Israe	el e				· ·		
Mailing Add	dress of Applicant	1:									
Address 1	areas or repriount		himon Stre	et							
Address 2		1.5.5									
City:	Beit Shemesh					State/Province:					
Postal Code:		99543				Country:	el				
	ence Information:]			,	•				
Address		621 SW Morrison St., Suite 600, Portland, OR 97205									
Customer Number		11788									
Email Address		docket@stofoco.com									
Applicant In	formation:]									
Title of Inver	ntion:	COP	YRIGHT PRO)TFCT	ION O	F DIGITAL IMAGES TR	ANSMI	TTED OV	ER NFT\^	VORKS	
	cket Number:	1	1259-0015			Small Entity Status C					
Applicant Ty		non-	non-provisional						<u> </u>		
Subject Matter:		utili	-								
Suggested C			- 1			Sub Class (if any)					
	echnology Center	if an	v)			1 ()	-				

Total Number of Drawing Sheets (if any)				Suggested Figs for Pub (if any)					
_	ive Information:		I I	1		I I			1
Please Select One:				JUS P	atent Practiitioner	Limited Recogni		ition	
Customer N	umber	735	52						
Domestic Be	enefit/National Sta	te Inf	formation:						
Prior Applica									
Application Number		Continuity Type		 Гуре	Prior App Number	Fil	ing Date (YYY	Y-MM-DD)	
09/731,572		•	Divisional		09/397,331		1999 9		
	09/397,331		Continuatio	n in Part	09/313,067	•	1999	5 17	•
	rity Information					. —			
Application I	Number		Country		Parent Filing Date	Pri	iority Claimed		
	127093		IL		11/16/1998	Ye	S		
	127869		IL		12/30/1998	Ye	s		
	124895		Lu		C /1 4 /1000	l Iv.			
Assignee Info		J	IL		6/14/1998] Ye	es		
Assignee Info	ormation	<u> </u>							
_				Middle Na		Family I		Suffix	
Assignee 1 Prefix	ormation Given Name	Alea			nme			Suffix	
Assignee 1	ormation Given Name	Alea						Suffix	
Assignee 1 Prefix Or Organizat	ormation Given Name	Alea			nme			Suffix	
Assignee 1 Prefix Or Organizat	ormation Given Name tion			s Limited	nme Liability Company			Suffix	
Assignee 1 Prefix Or Organizat Mailng Addr	ormation Given Name tion		ıro Propertie	s Limited	nme Liability Company			Suffix	
Assignee 1 Prefix Or Organizat Mailng Addr Address 1	ormation Given Name tion		ıro Propertie	s Limited	nme Liability Company		Name	Suffix	
Assignee 1 Prefix Or Organizat Mailng Addr Address 1 Address 2	ormation Given Name tion ress Information		ıro Propertie	s Limited	Liability Company	Family I	Name	Suffix	
Assignee 1 Prefix Or Organizat Mailng Addr Address 1 Address 2 City	ormation Given Name tion ress Information Dover US	160	ıro Propertie	s Limited	Liability Company 101 State/Province	Family I	Name	Suffix	
Assignee 1 Prefix Or Organizat Mailng Addr Address 1 Address 2 City Country	ormation Given Name tion ess Information Dover US ber	160	ro Propertie	rive, Suite	Liability Company 101 State/Province Postal Code	Family I Delawa 19904	Name	Suffix	
Assignee 1 Prefix Or Organizate Mailng Addr Address 1 Address 2 City Country Phone Numl	ormation Given Name tion ess Information Dover US ber	160	Greentree D	rive, Suite	Liability Company 101 State/Province Postal Code	Family I Delawa 19904	Name	Suffix	
Assignee 1 Prefix Or Organizate Mailng Addr Address 1 Address 2 City Country Phone Numl	ormation Given Name tion ess Information Dover US ber	160	Greentree D	rive, Suite	Liability Company 101 State/Province Postal Code	Family I Delawa 19904	Name	Suffix	
Assignee 1 Prefix Or Organizat Mailng Addr Address 1 Address 2 City Country Phone Numl Email Addre	Given Name tion ess Information Dover US ber	160 503- dock	Greentree D -224-2170 -cet@stofoco.	rive, Suite	Liability Company 101 State/Province Postal Code	Delawa 19904 503-224	Name re 1-2084		348.

Date (YYYY-MM-DD)

Cowger

Last Name

2012-January 30

Reg. Number

42,444

Signature

First Name

/Graciela G. Cowger/

Graciela